PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10801589

		CLAIMS A	S FILED	FILED - PART I				SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)			TYPE		OF	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	٦ [¨]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI		OF	BASIC FE	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OF	7	1
INDEPENDENT CLAIMS			minus 3 =		*			X43=	+	┨ .	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	†
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT			. 🗇		A43=	 		X86=	-
*	f the difference	e in column 1 is	less than zero, enter "0" in co			column 2		+145=	ļ	OR	+290=	
			MENDED - PART II				TOTAL		OR	TOTAL		
_		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF M	Minus	###]=	. [X43=		OR	X86=	
	111101111200	ENTATION OF M	OLTIPLE DE	PENDENT	CLAIM		Ī	+145=		OR	+290=	
		•			•		_ L	TOTAL			TOTAL	
		(Column 1)		(Colum	o Ó\	(Cal., :0)	A	DDIT. FEE	<u> </u>	1 0.,	ADDIT. FEE	
_		CLAIMS	T	HIGHE		(Column 3)	_			•		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	FEE
	Independent	*	Minus	***		=	┢	X43=		1 1		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT C	LAIM		┢	<u> </u>		OR	X86=	
				•			L	+145=		OR	+290=	•
		•					ΑI	TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE	
		(Column 1)		(Column	r 2)	(Column 3)					· .	
ב עניייייייייייייייייייייייייייייייייייי		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST IR SLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
IMEN	Total	*	Minus	**		=	r	X\$ 9=		}	X\$18=	FEE
	Independent		Minus	***		=	-			OR		
1	FIRȘT PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		L	X43=		OR L	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
f	the "Highest Nun	nber Previously Pain ober Previously Pain oer Previously Paid	d For IN THIS d For IN THIS	SPACE is le	ss than	20, enter "20."		TOTAL DIT. FEE		OR Al	TOTAL DDIT. FEE	